

IC 27-13-9

Chapter 9. Information to Enrollees or Subscribers

IC 27-13-9-1

List of providers

Sec. 1. Upon:

- (1) the enrollment; and
- (2) each reenrollment;

of a subscriber, a health maintenance organization must provide to the subscriber a list of providers who provide health care services through the health maintenance organization. The health maintenance organization must also provide the list of providers to a potential enrollee upon request.

As added by P.L.26-1994, SEC.25. Amended by P.L.69-1998, SEC.7.

IC 27-13-9-2

Notice of change in operation of health maintenance organization

Sec. 2. Not more than thirty (30) days after any material change in the operation of a health maintenance organization that will directly affect the subscribers or enrollees of the organization, the health maintenance organization shall provide notice of the change to the subscribers or enrollees affected by the change.

As added by P.L.26-1994, SEC.25.

IC 27-13-9-3

Termination of provider

Sec. 3. (a) A health maintenance organization shall notify an enrollee in writing of the termination of:

- (1) the provider who currently provides primary health care services to that enrollee;
- (2) any other participating provider seen by the enrollee during the previous year; and
- (3) a hospital.

(b) After the termination of the provider who provided primary health care services to an enrollee, the health maintenance organization shall assist the enrollee in transferring to another participating primary care provider.

(c) If a health maintenance organization notifies an enrollee of the termination of a hospital, the notice must include the names of all participating providers employed by the hospital.

As added by P.L.26-1994, SEC.25. Amended by P.L.133-1999, SEC.3; P.L.196-2001, SEC.2.

IC 27-13-9-4

Information on services and filing grievances; telephone number

Sec. 4. A health maintenance organization shall provide to each enrollee and subscriber:

- (1) information on:
 - (A) how services can be obtained;
 - (B) where additional information on access to services can

- be obtained;
- (C) how to file a grievance under IC 27-13-10 and IC 27-13-10.1;
- (D) the health maintenance organization's:
 - (i) structure;
 - (ii) health care benefits and exclusions; and
 - (iii) criteria for denying coverage; and
- (E) costs for which the enrollee or subscriber is responsible; and
- (2) a toll free telephone number through which the enrollee can contact the health maintenance organization at no cost to the enrollee to obtain information and to file grievances.

The information under this section must be provided to a potential enrollee of the health maintenance organization upon request.

As added by P.L.26-1994, SEC.25. Amended by P.L.191-1997, SEC.3; P.L.69-1998, SEC.8; P.L.133-1999, SEC.4.

IC 27-13-9-5

Prescription drug information card

Sec. 5. (a) This section applies to a health maintenance organization that provides coverage for prescription drugs or devices and issues a card or other technology for claims processing.

(b) The card or other technology issued by a health maintenance organization must contain uniform prescription drug information that complies with the requirements established under subsection (c).

(c) Prescription drug information cards or other technology must meet either of the following criteria:

- (1) Be in a format and contain information fields approved by the National Council for Prescription Drug Programs (NCPDP) as contained in the National Council for Prescription Drug Programs Pharmacy ID Card Implementation Guide in effect on the October 1 most immediately preceding the issuance of the card.
- (2) Contain the following information:
 - (A) The health benefit plan's name.
 - (B) The enrollee's name, group number, and identification number.
 - (C) A telephone number to inquire about pharmacy related issues.
 - (D) The issuer's international identification number or ANSI BIN number, labeled as RxBIN.
 - (E) The processor control number, labeled as RxPCN.
 - (F) The insured's pharmacy benefits group number if different than medical group number, labeled as RxGRP.

Only those fields listed in clauses (A) through (F) that are required for proper adjudication of the claim must appear on the card. If the card is used to adjudicate non-pharmacy claims, then the designation "Rx" listed in clauses (D) through (F) is not required to be used by the issuer.

- (d) A health maintenance organization may not be required to

issue a prescription drug information card or other technology to a person more than one (1) time during a twelve (12) month period.

(e) The prescription drug information cards or other technology issued under this section may be used for health care service coverage other than the coverage to which this chapter applies.

As added by P.L.230-2001, SEC.3. Amended by P.L.1-2002, SEC.123.